

## Make a Mask!



Applicant Information			
Name of Adult			
Email of Adult			
Address			City
Province	Postal Code	Cell Nu	mber
Student Name			
Student School			
Which grade/category is the above named student in:			
☐ Kindergarten – Grade 3			
☐ Grade 4 – 6			
☐ Grade 7 – 9			
☐ Grade 10 − 12			
By signing below you consent to the Contest Rules and are of legal age in the Province of Alberta.			
Signature of Adult			Date
Please complete this entry form and email it along with your completed mask template to			

Tubmaskcontest@gmail.com or drop off at one of the following pharmacies:

Vegreville Drug Mart, Viking Pharmacy, Mundare Pharmacy, Lamont County Pharmacy





